Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 35
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	14 December 2021
Centre ID:	OSV-0007998
Fieldwork ID:	MON-0033094

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre provides a full-time service to three residents with intellectual disabilities, varying degrees of physical disabilities and complex healthcare needs. It is a newly built four bedroom bungalow in close proximity to two towns. There are three bedrooms downstairs, two of which are en suite. The property has tracker hoists throughout. There is a kitchen room, sun room, dining room and sitting room. Upstairs is a staff office, a bathroom and storage space. Day services are provided within the house. The centre is staffed by nurses, care assistants and a day service staff. Residents have access to a number of health and social care professionals as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 December 2021	10:00hrs to 16:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic and as such, the inspector followed public health guidance throughout the day. This is a new centre which opened in August 2021. The house is a large newly built dormer bungalow in a small group of houses in a rural setting. The house has parking to the front and a large back garden to the rear. The house followed best practice in relation to physical access and had built in tracking hoists. Some of the rooms had doors out onto the garden which would enable bed evacuation in the event of a fire where required. Downstairs comprises three bedrooms, two of which are en suite, a large kitchen and dining area, two sitting rooms, a large accessible bathroom, a sun room and a utility room. Upstairs is used as office space and has a meeting room.

The three residents moved from a unit in a campus based setting where they had lived for over forty years. The residents presented with complex healthcare needs related to ageing. Many of the staff working with residents had previously worked with them when they lived on the campus and this had ensured continuity of care during the transition period.

On arrival to the house, the inspector met with one of the residents who was in the sitting room. They greeted the inspector and told them they were watching the TV. They told the inspector that they 'loved' their new home. The other two residents were sitting together in another room watching TV and speaking with staff. Both of them greeted the inspector. They told the inspector that they liked their new home. They talked about their families coming to visit. Residents reported that the food was 'very good'.

The move had reportedly had a hugely positive impact on the residents. All of the residents were transitioned in a careful, planned and most importantly, person - centred way. This meant that when the residents moved it was done with as little disruption to the resident. For one resident, the staff had mirrored the layout of their bedroom to their previous bedroom and used a scent which was familiar to them to minimise distress. Residents were reported to have much more opportunities to engage in every-day tasks in the community. One example was of a resident who had never gone to a supermarket to shop for food before and now they were enjoying picking out their food and doing the weekly shop. Staff had supported residents to engage with their new neighbours by making cards to introduce themselves and inviting them over for tea. At Halloween they had been supported to bake cakes for neighbours and had been visited by one neighbour with her children to get to know them. Residents' meetings took place once a week and included menu and activity planning.

The inspector received three questionnaires which were circulated to the person in charge in advance of the inspection. The questionnaire asks for participant feedback on a number of areas, including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements

for visitors to the centre, rights, activities, staff supports and complaints. Residents were largely happy with all aspects of their service and stated that the COVID-19 restrictions had been challenging for them. Another resident reported that they liked being able to have their meals at a time that suited them. Another resident said "I love being here, I'm very happy". Family members had been invited to visit the centre early on in the transition process and they had input into residents' transition plans. Feedback from families was very positive at the time of the inspection.

Later on in the afternoon, one of the residents was painting a plate for Christmas with a staff member. Another was wrapping Christmas presents for family while another was watching a Christmas movie. There was a homely and warm atmosphere in the house and staff and residents were noted to be very relaxed in one another's company. Interactions were noted to be kind and respectful and it was evident that staff knew the residents and their families well. All of the residents were well presented and appeared well cared for and content.

In summary, from what residents communicated and what inspectors observed, it was evident that residents were enjoying a good quality of life in their new home and were availing of new opportunities and choices. The house was nicely laid out and decorated in line with both the residents' assessed needs and interests in mind. The provider had sought to ensure that residents were well supported in their transition and this was reflected in high levels of compliance across regulations reviewed. The next two sections of this report present the inspection findings in relation to the governance and management of the centre and how governance and management arrangements affected the quality and safety of the service being delivered.

Capacity and capability

The provider had strong management systems, structures, systems and processes in place to ensure that residents were receiving safe, good quality care. There was a clear management structure in place with the person in charge reporting to the area director, who in turn reported to the regional director. While a six monthly audit was not yet due, the provider had carried out an unannounced visit to the centre in order to assess their current practices and identify areas for improvement. Findings of this audit were very positive and this correlated with inspection findings. There were minor improvements required in paperwork and this was actioned on the day of the inspection. There was emergency on-call arrangements in place and these were circulated to staff every two weeks. The provider had a number of committees in place in order to provide oversight of different aspects of residents' care and support in the organisation such as a restrictive practice committee, risk management, health and safety and positive behaviour support. The provider had set up a crisis management team in order to provide leadership and oversight to centres during the COVID-19 pandemic.

The provider had appointed a suitably qualified and experienced person in charge. The person in charge was new to their role on the day of inspection. However, it was evident to the inspector that they had good systems in place in order to ensure daily oversight of the centre. They were knowledgeable about residents' care needs and had previous experience of supporting people move from a campus based setting to a community setting. The person in charge was full time and had oversight over two designated centres. They reviewed and signed off on each residents' notes on a daily basis through the provider's online system. They were present in the centre at least four days a week. The person in charge had a number of audits in place to ensure oversight of key areas in the centre such as medication, finances, care plans and health and safety. They attended management meetings with other persons in charge regularly and held staff meetings once a month. Meetings had a standing agenda in place to ensure all relevant information and learning from events was shared to inform care practices.

The provider had ensured that the centre was appropriately resourced with a staff team who had the required knowledge and skills to provide care for the residents in line with their assessed needs. Some of the team had worked with the residents for many years which had ensured continuity of care during their transition. The provider was in the process of recruiting staff to enable them have access to a panel of relief staff to draw upon as required. Actual rosters indicated that while some agency staff were used over the previous month, this was kept to a minimum and these staff were mostly on duty with regular staff. The night time roster was done separately by managers who worked on the campus. Where additional support was required at night time in the centre, there was access to a 'runner' staff who was able to come to the centre and provide support and assistance.

All staff had completed mandatory training in areas such as manual handling, fire safety, safeguarding and food safety. Staff had also completed a number of courses in relation to infection prevention and control such as donning and doffing personal protective equipment (PPE), hand hygiene, and antimicrobial stewardship. Where a staff member had been unable to access a course which was required, the person in charge had carried out an individual training session with staff as an interim measure. For new staff to the centre, there was a checklist in place to ensure all key information was shared such as care plans, the routines in the centre and fire precautions. Supervision was scheduled for once a quarter, with each staff member having done at least one session at the time of the inspection.

Residents had contracts of care in place which included the amount they were required to pay and a clear outline as to what services and facilities were provided in line with regulatory requirements.

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge. They had good systems in place in order to ensure daily oversight of the centre.

They were knowledgeable about residents' care needs and had previous experience of supporting people move from a campus- based setting to a community setting. The person in charge was full-time and had oversight over two designated centres.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the centre was appropriately resourced with a staff team who had the required knowledge and skills to provide care for the residents in line with their assessed needs. Some of the team had worked with the residents for many years which had ensured continuity of care during their transition. Actual rosters indicated that while some agency staff were used over the previous month, this was kept to a minimum and these staff were mostly on duty with regular staff.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in areas such as manual handling, fire safety, safeguarding and food safety. Staff had also completed a number of courses in relation to infection prevention and control such as donning and doffing PPE, hand hygiene, and antimicrobial stewardship. Where a staff member had been unable to access a course which was required, the person in charge had carried out an individual training session with staff as an interim measure. For new staff to the centre, there was a checklist in place to ensure all key information was shared such as care plans, the routines in the centre and fire precautions. Supervision was scheduled for once a quarter, with each staff member having done at least one session at the time of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents which included all of the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had strong management systems, structures, systems and processes in place to ensure that residents were receiving safe, good quality care. While a six-monthly audit was not yet due, the provider had carried out an unannounced visit to the centre in order to assess their current practices and identify areas for improvement. There was emergency on call arrangements in place and these were circulated to staff every two weeks. The provider had a number of committees in place in order to provide oversight of different aspects of residents' care and support in the organisation, such as a restrictive practice committee, risk management, health and safety and positive behaviour support. They had set up a crisis management team in order to provide leadership and oversight to centres during the COVID-19 pandemic.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had contracts of care in place which included the amount they were required to pay and a clear outline as to what services and facilities were provided,as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which contained all of the information required by the regulations and adequately reflected the service being provided.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents in this centre were receiving good quality, person-centred care and that their transition had enabled them to have more choices available to them on a daily basis. Transition plans and practices were highly detailed and person specific and there was a plan and clear documentation to ensure a review of each resident's progress with their transition was carried out on a

quarterly basis. There was a clear guidance document for staff to follow when supporting an individual to transition to a new home. There was evidence of input into transition plans and personal plans from relevant health and social care professions for example occupational therapy, behaviour support therapist and a psychiatrist. Clear consideration of each resident's requirements had been carried out prior to the move in relation to ensuring the physical environment was accessible and that staff support was the 'right fit'. Plans had a personal profile for each resident and used person-centred language to describe each person's identity and uniqueness.

Each resident had an assessment of need carried out prior to admission to the centre and had corresponding care plans developed for identified needs. Residents had personal plans developed which outlined their goals. Goals were SMART and reviewed regularly. Photographic evidence of residents achieving their goals was in the plans. Plans had a personal profile for each resident and used person-centred language to describe each person's identity and uniqueness. Personal plans were due to be reviewed every six months and an annual meeting was due to be held with each resident and their families.

Residents in the centre presented with complex health care needs related to ageing. They were supported to enjoy best possible health and had maintained access to their general practitioner (GP) who they had attended for many years. Residents had access to a range of health and social care professionals, such as speech and language therapy, occupational therapy, dietetics and physiotherapy. Residents took part in national screening programmes, where appropriate, such as BreastCheck and bowel screening. Where a resident had not consented to taking part in these programmes, this was clearly documented with input from the resident and their GP.

Where residents required positive behaviour support plans, these were clearly documented by the behaviour specialist and the psychologist. Plans outlined proactive and reactive strategies and included scripts, where necessary to ensure that all staff took a consistent approach to support each resident. Input from the behaviour specialist and psychologist had informed each resident's transition plan. PRN protocols were clearly outlined and were specifically linked to situations which were known to cause anxiety or distress (for example, a resident getting bloods done). Restrictive measures used in this centre were for health and safety reasons only (lap belts on a wheelchair and bed rails). These were clearly prescribed and regularly reviewed.

The provider had a number of policies in place to ensure residents were protected from all forms of abuse. Where a safeguarding incident had occured, this was clearly reported, investigated and a safeguarding plan was put in place and regularly reviewed. This was done in line with national policy. The inspector viewed each resident's personal and intimate care plan. These were very detailed and gave clear guidance to staff providing personal care to residents in line with their assessed needs and preferences. Finances were well protected, with each resident's finances checked twice daily and assessments in place outlining resident's support needs. Each person had an inventory kept of their personal possessions which was updated

as required. Staff were knowledgeable about how to report any concerns they had.

The premises was very well suited to the residents' needs at the time of the inspection and into the future. It was equipped with tracking hoists and an accessible bathroom. The bungalow was spacious and provided ample space for residents to have time on their own or in the company of others. There was a large kitchen and dining area and residents could partake in baking or cooking if they wished to do so. The house was tastefully decorated throughout. It was warm and well ventilated. There were suitable arrangements in place for the safe disposal of clinical waste as required.

There were good risk management systems in place in the centre. The inspector reviewed the incident and accident log, the safety statement and the risk register. There was clear learning from adverse events documented which were shared with staff at team meetings. Monthly health and safety audits were done and reviewed by the person in charge. There were systems and practices in place to ensure risks were identified, assessed and actions taken to mitigate those risks. The risk register had records of risks at centre and individual levels. They were regularly reviewed. There were a range of risk assessments done in relation to COVID-19 which were updated to reflect current public health guidance.

The provider had established a Crisis Management Team to provide leadership and governance during the COVID-19 pandemic. They had clear policies, protocols and procedures in place in relation to infection prevention and control such as cleaning and disinfection, waste management, taking temperatures and appropriate use of PPE. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed and regularly updated. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. On arrival to the centre, the inspector noted appropriate measures in place to manage the risk of COVID-19 for visitors. These included a hand sanitising station, a temperature check and a declaration to complete. Temperature checks were carried out on staff and residents twice a day. The inspector viewed the cleaning schedule which detailed areas to be cleaned on a daily, weekly and monthly basis. The inspector noted that there were adequate hand hygiene facilities throughout the house and staff were wearing appropriate levels of PPE. The house was very clean throughout. There was an identified COVID-19 lead worker in the centre. Water in an unused bathroom was run on a regular basis. Residents were aware of COVID-19 and the restrictions in place. There were adequate supplies of PPE.

The provider had good fire safety management systems in place. There were detection and containment measures in the centre in addition to emergency lighting and fire fighting equipment. They were regularly checked to ensure they remained in good working order. Each resident had a personal emergency evacuation plan in place and fire drills took place regularly. These were clearly documented and indicated that the safe evacuation of residents could be achieved with the minimal staffing complement in a reasonable time-frame. The provider had carried out a fire safety management review prior to the move and this indicated the need for two

further fire doors to be installed downstairs and three upstairs. It was unclear if these were actioned at the time of inspection. There was an oxygen cylinder stored on a wall in the utility room which was hidden by coats behind a door. The utility room had equipment such as a washing machine, drier and a slow cooker in use throughout the day. There was not adequate signage to indicate that oxygen was stored there, nor was it on a risk assessment. The person in charge drew up a risk assessment during the inspection and made plans to get the cylinder moved.

Regulation 17: Premises

The premises was very well suited to the residents' needs at the time of the inspection and provided for support in the event residents' mobility decreased. It was equipped with tracking hoists and an accessible bathroom. The bungalow was spacious and allowed for residents to have time on their own or in the company of others. There was a large kitchen and dining area and residents could partake in baking or cooking if they wished to do so. The house was tastefully decorated throughout. It was warm and well ventilated. There were suitable arrangements in place for the safe disposal of clinical waste as required.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed an information leaflet for residents which met regulatory requirements.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector viewed transition plans for all of the residents. These were found to be very detailed and person-centred in their approach. Each resident's plan had significant input from health and social care professionals where appropriate. Careful consideration of the impact of visits to the centre before admission was done and a detailed plan was in place for the day of the move and the following number of weeks. Plans were initially reviewed once a week and once a quarter thereafter. Guidance was in place for staff to follow in supporting residents to transition to a new house.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good risk management systems in place in the centre. The inspector reviewed the incident and accident log, the safety statement and the risk register. There was clear learning from adverse events documented which were shared with staff at team meetings. Monthly health and safety audits were done and reviewed by the person in charge. There were systems and practices in place to ensure risks were identified, assessed and actions taken to mitigate those risks. The risk register had records of risks at centre and individual levels. They were regularly reviewed. There were a range of risk assessments done in relation to COVID-19 which were updated to reflect current guidance.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the provider had taken appropriate measures in order to minimise transmission of infection and had plans in place in the event a resident or staff became ill. Temperature checks were carried out on staff and residents twice a day. The inspector viewed the cleaning schedule which detailed areas to be cleaned on a daily, weekly and monthly basis. There were a number of standard operating procedures and protocols for staff to follow on cleaning and disinfection, waste management and infection prevention and control. The inspector noted that there were adequate hand hygiene facilities throughout the house and staff were wearing appropriate levels of PPE. The house was very clean throughout. There was an identified COVID-19 lead worker in the centre. Water in an unused bathroom was run on a regular basis. Residents were aware of COVID-19 and the need to wear masks and keep a distance. There were a number of risk assessments in place in relation to COVID-19 and these reflected the current guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety management systems in place. There were detection and containment measures in place in addition to emergency lighting and fire fighting equipment. They were regularly checked to ensure they remained in good working order. Each resident had a personal emergency evacuation plan in place and fire drills took place regularly. These were clearly documented and

indicated that the safe evacuation of residents could be achieved with the minimal staffing complement in a reasonable time- frame. The provider had carried out a fire safety management review prior to the move and this indicated the need for two further fire doors to be installed downstairs and three upstairs. It was unclear if these were actioned at the time of inspection. There was an oxygen cylinder stored on a wall in the utility room which was behind some coats. This room also had a number of pieces of equipment which would generate heat such as a tumble drier, a washing machine and a slow cooker. There was not adequate signage to indicate that oxygen was stored there, nor was it on a risk assessment. The person in charge drew up a risk assessment during the inspection and made plans to get the cylinder moved.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need carried out and corresponding care plans were developed. Residents had personal plans developed which outlined their goals. Goals were SMART and reviewed regularly. Photographic evidence of residents achieving their goals was in the plans. Plans had a personal profile for each resident and used person-centred language to describe each person's identity and uniqueness. Personal plans were due to be reviewed every six months and an annual meeting was due to be held with each resident and their families.

Judgment: Compliant

Regulation 6: Health care

Residents in the centre presented with complex health- care needs related to ageing. They were supported to enjoy best possible health and had maintained access to their GP who they had attended for many years. Residents had access to a range of health and social care professionals such as, speech and language therapy, occupational therapy, dietetics and physiotherapy. Residents took part in national screening programmes, where appropriate, such as BreastCheck and bowel screening. Where a resident had de-consented to taking part in these programmes, this was clearly documented with input from the resident and their GP.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support plans, these were clearly documented by the behaviour specialist and the psychologist. Plans outlines proactive and reactive strategies and included scripts where necessary to ensure that all staff took a consistent approach. Input from the behaviour specialist and psychologist had informed each resident's transition plan. PRN protocols were clearly outlined and specific to situations which were known to cause anxiety or distress (for example getting bloods done). Restrictive measures used in this centre were for health and safety reasons only (lap belts on a wheelchair and bed rails). These were clearly prescribed and regularly reviewed.

Judgment: Compliant

Regulation 8: Protection

The provider had a number of policies in place to ensure residents were protected from all forms of abuse. Where a safeguarding incident had occured, this was clearly reported, investigated and a safeguarding plan was put in place and regularly reviewed. This was done in line with national policy. The inspector viewed each resident's personal and intimate care plan. These were very detailed and gave clear guidance to staff providing personal care to residents in line with their assessed needs and preferences. Finances were well protected, with each resident's finances checked twice daily and assessments in place outlining resident's support needs. Each person had an inventory kept of their personal possessions which was updated as required. Staff were knowledgeable about how to report any concerns they had.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 35 OSV-0007998

Inspection ID: MON-0033094

Date of inspection: 14/12/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: In December 2021, the Oxygen cylinder was moved near the front door of the house and a notice has been placed at the front door to highlight to the Emergency Services that Oxygen is on site. The Maintenance Department have confirmed that both the bathroom and utility door were replaced by fire doors at time of renovation and prior to residents moving in. The three doors upstairs were not replaced as there is no one living in that area.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	31/12/2021